

SAMPLE APPLICATION
for Psychiatric Technician Applicants

Los Angeles County DMH Stipend Program

**Applicants completing their certification
between September 1, 2024 and August 31, 2025
qualify for the 2024-25 stipend cycle**

To assist you in completing the **LAC DMH Stipend Application** in one sitting, we encourage you to review the requested fields in the *Application* and prepare your answers and your essay responses accordingly. You will not be able to save your entries in the *Application* or revisit it once you submit it.

There are three parts to the *Application*:

Part One – Applicant Information

Information required includes ***full name and address; personal and school email addresses, name of school granting qualifying degree/certificate, degree/certificate you're completing; and date of degree/certification completion.***

You will also be asked the ***race or ethnicity that best describes you***. There are several choice options including “*Prefer not to answer*”. The county uses this information for data collection purposes; it is not considered as a qualifying entry.

In addition, there are two items you need to complete by stating “Yes” in order to proceed to the next part of the application.

You need to confirm that ***if you accept the stipend, you will be required to complete one year of full-time employment at either an agency directly operated or contracted by LAC DMH, or you will need to return the stipend funds awarded to you in full.***

And, you need ***to declare that you can work legally in the United States.***

Part Two – Qualifications and Experience

Make sure you read the objectives and goals of the LA County Stipend Program provided on the website that also lists the qualifications and experiences the LA County is seeking from applicants. To fulfill the objectives of the stipend program, applicants will be scored on a weighted scale according to the extent to which they meet the county’s desired qualifications and experiences. Each of the items 1 to 5 will be scored on a 0 to 5 scale based on the information provided.

You may not have the qualifications or experience to check “Yes” in all five items. That’s expected, most applicants don’t. It is important that you provide sufficient information on the

qualifications or experiences you do have.

Here are the required items in Part Two. If you check “Yes” to any of the fields 1 thru 5, you are required to provide the information requested.

1: I have prior or current employment experience at an LA County DMH directly operated or contracted agency. Yes / No

1a: If you answered “Yes”, provide the agency name and city.

- This is an employment experience that many applicants do not have. Employment in a county, other than LA County, does not qualify.

2: I completed or have a current rotation/training at an LA County DMH directly operated or contracted agency. Yes / No

2a: If you answered “Yes”, provide the agency name and city.

- The training agency needs to be in LA County’s Provider Directory, or it does not qualify for this item.

3: I completed or have current rotation/training at a community site (non-DMH) with significant direct service experience that will translate to provision of services within the DMH delivery system. Yes / No

3a: If you answered “Yes”, include the agency name and city and briefly (in 50 words or less) describe the client population in your community facility/center and the services you provided.

- Applicants with a non-DMH training site are sought after by the county if the clinical experience they receive prepares them to work serving DMH clients. Your description of the client population you served will convey how prepared you are for providing services within the county’s delivery system.
- Applicants with training experience at a county other than LA County does qualify here.
- Applicants with training experience at a DMH site (item 2) and with a non-DMH site may complete this item as well.

4: Besides English, I can provide clinical services to consumers in one of the threshold languages identified by the LA County. Yes / No

- The threshold languages are Arabic, Armenian, Cambodian, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese, Cantonese, Mandarin, additional Chinese dialects, and American Sign Language.

4a: My threshold language is: _____

- Don’t enter a foreign language that is not listed as a threshold language.

5: I can provide culturally competent services to consumers living in underserved and/or underrepresented communities. Yes / No

5a: If you answered “Yes”, briefly (in 50 words or less) give examples of the underserved and/or underrepresented communities you can competently serve.

- Be very specific in naming the communities you have served. Avoid providing a list of cultural groups without narrative or your experience with those cultural groups. Given the 50-word limit, consider focusing on one underserved/underrepresented community and expand your experience there.

Part Three: Essays

The three essays will be scored by mental health professionals familiar with the clientele served within the LA County Department of Mental Health's delivery system. Each essay will be scored on a 0 to 10 scale based on the information provided.

Each essay response needs to be within 200 words. Text over 200 words will not be considered or included in the scoring. The system will not count or limit the number of words entered to 200 words; therefore, prepare your essay responses *prior* to completing the *Application* assuring that they are within the allowable number of words.

Below are the three essays:

1: Describe your professional interest, commitment, and passion for working within the LAC DMH delivery system.

- Through the stipend program, LA County is seeking applicants that have a post-degree desire to practice in public mental health care.

2: Describe your personal background and individual strengths that will help you integrate and apply knowledge to work in public mental health settings.

- Your personal background living or working in diverse cultural communities is considered as asset when serving consumers across the eight LA County SPAs (Service Provider Areas).

3: Describe your work experience providing services and include the settings in which services were provided.

- In contrast to Essay 2, this essay is an opportunity for you to specifically convey how your clinical work experience prepared you for practice serving the clientele of LA County Department of Mental Health.

This is the end of the Application.

After clicking "Submit", you will receive notice that your application was entered and will be processed. You may want to copy your completed application before submitting.

Consider reviewing your entries by pressing "Prev" before pressing "Submit".

*On behalf of the Los Angeles County Department of Mental Health,
thank you for your interest in public mental health practice.*